§400.203

Finding Aids section of the printed volume and at www.fdsys.gov.

§ 400.203 Definitions specific to Medicaid.

As used in connection with the Medicaid program, unless the context indicates otherwise—

Applicant means an individual whose written application for Medicaid has been submitted to the agency determining Medicaid eligibility, but has not received final action. This includes an individual (who need not be alive at the time of application) whose application is submitted through a representative or a person acting responsibly for the individual.

Federal financial participation (FFP) means the Federal Government's share of a State's expenditures under the Medicaid program.

FMAP stands for the Federal medical assistance percentage, which is used to calculate the amount of Federal share of State expenditures for services.

Intellectual disability means the condition that was previously referred to as mental retardation.

Medicaid agency or agency means the single State agency administering or supervising the administration of a State Medicaid plan.

Nursing facility (NF), effective October 1, 1990, means an SNF or an ICF participating in the Medicaid program. *PCCM* stands for primary care case manager.

PCP stands for primary care physician.

Provider means either of the following:

- (1) For the fee-for-service program, any individual or entity furnishing Medicaid services under an agreement with the Medicaid agency.
- (2) For the managed care program, any individual or entity that is engaged in the delivery of health care services and is legally authorized to do so by the State in which it delivers the services.

Services means the types of medical assistance specified in section 1905(a) of the Act and defined in subpart A of part 440 of this chapter.

State means the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Is-

42 CFR Ch. IV (10-1-12 Edition)

lands, Guam, American Samoa and the Northern Mariana Islands.

State plan or the plan means a comprehensive written commitment by a Medicaid agency, submitted under section 1902(a) of the Act, to administer or supervise the administration of a Medicaid program in accordance with Federal requirements.

[48 FR 12534, Mar. 25, 1983, as amended at 50 FR 33029, Aug. 16, 1985; 56 FR 8852, Mar. 1, 1991; 57 FR 29155, June 30, 1992; 67 FR 41094, June 14, 2002; 77 FR 29028, May 16, 2012]

Subpart C [Reserved]

PART 401—GENERAL ADMINISTRATIVE REQUIREMENTS

Subpart A [Reserved]

Subpart B—Confidentiality and Disclosure

Sec.

- 401.101 Purpose and scope.
- 401.102 Definitions.
- 401.105 Rules for disclosure.
- 401.106 Publication.
- 401.108 CMS rulings
- 401.110 Publications for sale.
- 401.112 Availability of administrative staff manuals.
- 401.116 Availability of records upon request.
- 401.118 Deletion of identifying details.
- 401.120 Creation of records.
- 401.126 Information or records that are not available.
- 401.128 Where requests for records may be made.
- 401.130 Materials available at social security district offices and branch offices.
- 401.132 Materials in field offices of the Office of Hearings and Appeals, SSA.
- 401.133 Availability of official reports on providers and suppliers of services, State agencies, intermediaries, and carriers under Medicare.
- 401.134 Release of Medicare information to State and Federal agencies.
- 401.135 Release of Medicare information to the public.
- 401.136 Requests for information or records.
- 401.140 Fees and charges.
- 401.144 Denial of requests.
- 401.148 Administrative review.
- 401.152 Court review.

Subparts C-E [Reserved]

Subpart F—Claims Collection and Compromise

- 401.601 Basis and scope.
- 401.603 Definitions.